

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 158
Registered No. 380

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 418 Gibson St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isaura Gomez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female **To be answered ONLY in event of plural births.** **4. Twin, triplet or other** _____ **6. Legitimate?** yes **7. Date of birth** Oct. 10, 1920
Month Day Year

8. FATHER
Full name Gonzalo Gomez

9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

10. Color or race Mex. **11. Age at last birthday** 29 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Mineiva Jiminez

15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

16. Color or race Mex. **17. Age at last birthday** 18 (Years)

18. Birthplace (city or place) Chihuahua
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7 A. m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Dec 4, 1920 P. E. J. J. Registrar

Registrar

979-1010-419

WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of a child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.